



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

TECH CENTER 1600/2900

MAY 20 2002

RECEIVED

Applicant:

John C. Salerno

Application No.:

09/398,405

Group:

1642

Filed:

September 16, 1999

Examiner:

K. Canella

For:

ACTIVATORS OF ENDOTHELIAL NITRIC OXIDE SYNTHASE

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, P.O. Box 2327, Arlington, VA 22202	
on <u>5/10/02</u>	<u>Christina McSweeney</u>
Date	Signature
<u>Christina McSweeney</u>	
Typed or printed name of person signing certificate	

Assistant Commissioner for Patents

P.O. Box 2327

Arlington, VA 22202

Sir:

Transmitted herewith is an amendment for filing in the above-identified application.

[X] Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.

[ ] A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The fee has been calculated as shown below:

(COL. 1)	(COL. 2)	(COL. 3)	(COL. 4)	(COL. 5)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	59	MINUS	* 59	0
INDEP	23	MINUS	** 17	6
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

\* not fewer than 20  
\*\* not fewer than 3

SMALL ENTITY		
	RATE	ADDIT. FEE
X	\$9	\$ 0
X	\$42	\$ 252
+	\$140	\$ 0

TOTAL = \$ 252

OTHER THAN SMALL ENTITY		
	RATE	ADDIT. FEE
X	\$18	\$ 0
X	\$84	\$ 0
+	\$280	\$ 0

TOTAL = \$ 0

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for [ ] month Extension of Time	\$	_____
<input type="checkbox"/>	Amendment Fee	\$	_____
<input type="checkbox"/>	Other Fees:		
	_____	\$	_____
	_____	\$	_____
	TOTAL:	\$	<u>0</u>

A check is enclosed in payment of the following fees:

<input checked="" type="checkbox"/>	Petition for two months Extension of Time	\$	<u>200.00</u>
<input checked="" type="checkbox"/>	Amendment Fee	\$	<u>252.00</u>
<input type="checkbox"/>	Other Fees:		
	_____	\$	_____
	_____	\$	_____
	TOTAL:	\$	<u>452</u>

☒ A general authorization is hereby granted to charge Deposit Account No. 08-0380 for any fees required under 37 C.F.R. 1.16 and 1.17 in order to maintain pendency of this application. A copy of this authorization is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

*David E. Brook, RN 22592*

By *for Elizabeth W. Mata*  
Elizabeth W. Mata

Registration No.: 38,236

Telephone (978) 341-0036

Facsimile (978) 341-0136

Concord, Massachusetts 01742-9133

Dated: 5/10/02